

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037306

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 188

FILED SEP 24 1962

VS 300  
Rev. 4/591 0475  
2 04712

3

4 0

5 1

6 -

7 0

8 2

9 163X

10

11

12 3-0

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN MarshallLength of stay in lb  
3 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Fitzgibbon HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Saline

c. CITY OR TOWN Slater

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
223 N. WalnutReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Walter

Middle

Wanner

Last

Marksbury

4. DATE OF DEATH

Month

Sept.

Day

16,

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10/18/1883

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

G.M. &amp; O. Railroad

11. BIRTHPLACE (City and state or country)

Greenridge, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Joseph M. Marksbury

## 13b. MOTHER'S MAIDEN NAME

Matilda Keehant

## 14. NAME OF HUSBAND OR WIFE

Anna Mae Marksbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Walter Marksbury, Slater, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Broncho pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Acute coronary thrombosis

24 hrs.

## DUE TO (c)

Carcinoma of lungs

1 yr.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Sept. 14, 1962 to Sept. 16, 1962 last saw him alive on Sept. 16, 1962  
Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Slater, Mo.

## 22c. DATE SIGNED

9/18/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Sept. 19, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Slater City Cemetery

## 23d. LOCATION (City, town, or county)

Slater, Missouri

## (State)

## 24. FUNERAL DIRECTOR

Haines Funeral Home, Slater, Missouri

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

Sept-19-62

## 26. REGISTRAR'S SIGNATURE

Ceil L. Read

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 17 1962

JAN 10 1963

FEB 25 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.